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Bib Data Sheet

SERIAL NUMBER 09/207,161	FILING DATE 12/07/1998 RULE -	CLASS 435	GROUP ART UNIT 1653	ATTORNEY DOCKET NO. PF-0208-1DIV	
APPLICANTS JENNIFER L. HILLMAN, SAN JOSE, CA ; SURYA K. GOLI, SUNNYVALE, CA ; ** CONTINUING DATA ***** THIS APPLICATION IS A DIV OF 08/791,338 01/31/1997 PAT 5,889,170 ** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/28/1998 -					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
ADDRESS LEGAL DEPARTMENT INCYTE PHARMACEUTICALS INC Genomics, Inc. 3140 PORTER DRIVE PALO ALTO ,CA 94304					
TITLE NOVEL HUMAN INTEGRAL MEMBRANE PROTEIN					
FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/207,161	12/07/98	536	1646	PF-0208US

APPLICANT

JENNIFER L. HILLMAN, SAN JOSE, CA; SURYA K. GOLI, SUNNYVALE, CA.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

FOREIGN FILING LICENSE GRANTED 12/28/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u>					

ADDRESS

LUCY J BILLINGS
INCYTE PHARMACEUTICALS INC
3174 PORTER DRIVE
PALO ALTO CA 94304

TITLE

NOVEL HUMAN INTEGRAL MEMBRANE PROTEIN

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$760		